

# Squaxin Island Gaming Commission

## Self-Disclosure Form

Professionalism \* Accountability \* Integrity \* Respect

Please use this form to self-disclose if you have been cited for a crime including but not limited to: criminal traffic, arrested and/or detained, charged with a crime, violated probation or convicted of a crime. The following traffic violations may be excluded from your disclosure: speeding, signal, sign, seatbelt and right-of-way. This disclosure form and supporting documents need to be turned into Licensing which is located in the Squaxin Island Gaming Commission offices within 72 hours of being cited. After hours please place in the drop box. **Only one charge per form.**

|                       |                      |
|-----------------------|----------------------|
| <b>Name:</b>          | <b>Badge #:</b>      |
|                       |                      |
| <b>Address:</b>       |                      |
|                       |                      |
| <b>Date of Birth:</b> | <b>Phone Number:</b> |
|                       |                      |

|                                      |                         |
|--------------------------------------|-------------------------|
| <b>Date of Offense:</b>              | <b>Type of Offense:</b> |
|                                      |                         |
| <b>Explanation of Offense Below:</b> |                         |
|                                      |                         |

**INCLUDE A COPY OF YOUR CITATION AND OR COURT DOCUMENTS  
PERTAINING TO THIS CHARGE**

|   |  |
|---|--|
| <b>It is your responsibility to keep SIGC updated with any and all future occurrence's related to this charge.<br/>Please, list any upcoming court dates. Documentation that you have kept all court dates is required.</b> |  |
|   |  |
|   |  |

|   |              |
|---|--------------|
| I swear to the best of my knowledge that all of the information provided on this form is true, accurate and complete. |              |
| <b>Signature:</b>   | <b>Date:</b> |
|   |              |

**CONSENT TO ELECTRONIC SIGNATURES**

I agree that this Application and any other documents to be delivered in connection herewith may be transmitted, signed, and recorded and that any electronic signatures appearing in connection with this Application or such other documents are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility. I further agree that any disclosures made in connection with this Application, including "A Summary of Your Rights Under the Fair Credit Reporting Act" may be provided electronically, and that I could, at my option, receive and complete this application in physical form at the Tribal Agency location.

|                   |              |
|-------------------|--------------|
| <b>Signature:</b> | <b>Date:</b> |
|                   |              |